UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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ОМВ	Approv	/al

OMB Number 3235-0076 Expires November 30, 2001 Estimated average burden hours per response

SEC USE ONLY							
Prefix	Serial						
D	TE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indica WARRANTS	te change.) SERIES C PREFERRED STOCK AND SERIES C
Filing Under (Check box(es) that apply): Rule 504 Rule 505	☐ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICA	ATION DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indica	tte change.) SAFEWEB, INC. 02056380
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code): (510) 601-8855
2200 Powell Street, Suite 590, Emeryville, CA 94608	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code): (510) 601-8855
2200 Powell Street, Suite 590, Emeryville, CA 94608	
Brief Description of Business: Software Development	
Type of Business Organization:	_
Corporation Imited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	
Month	Year
Actual or Estimated Date of Incorporation or Organization 0 3	0 0 🛮 Actual 🗎 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevi	ation for State;
•	
CN for Canada; FN for other foreign jurisd	iction) DE / SEP 0 6 2002
	TIPERCORI
GENERAL INSTRUCTIONS	FINANCIAL
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Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This nonfee shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federa not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who	are to respond to the	e collection of information	contained in thi	s form are	not required to
respond unless the form	m displays a currently y	alid OMB control number.			

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.	
Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual): CHUN, JON A.	
Business or Residence Address (Number and Street, City, State, Zip Code): 2200 Powell Street, Suite 590, Em	neryville, CA 94608
Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual): HORMUZDIAR, JAMES N.	
Business or Residence Address (Number and Street, City, State, Zip Code): 2200 Powell Street, Suite 590, Em	eryville, CA 94608
Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual): HSU, STEPHEN D.	
Business or Residence Address (Number and Street, City, State, Zip Code): 2200 Powell Street, Suite 590, Em	eryville, CA 94608
Check Box(es) that apply: Promoter . Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual): KINGDON CAPITAL MANAGEMENT CORP.	
Business or Residence Address (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th Floor New York (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York (York, NY 10019
Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual): CHILTON INVESTMENT COMPANY, INC.	
Business or Residence Address (Number and Street, City, State, Zip Code): 1266 East Main Street, 7th Floor, State, 2th Floor, State, 2th Floor, State, 2th Floor, 2th	Stamford, CT 06902
Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Eneck Box(es) that apply. Tromoter Beneficial owner Executive officer Executiv	Managing Partner
Full Name (Last name first, if individual): Ken Hahn	Managing Partner
Full Name (Last name first, if individual): Ken Hahn	
Full Name (Last name first, if individual): Ken Hahn Business or Residence Address (Number and Street, City, State, Zip Code): 152 W. 57 th St., 50 th Floor, New	York, NY 10019 General and/or

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				В.	INFORM	MATION	N ABOU	r offe	RING					
1.	Has the is	suer sold,	or does	the issuer	intend to	o sell, to	non-accr	edited in	vestors ir	this offe	ering?		Yes	No
				A	nswer al	so in App	pendix, C	Column 2	, if filing	under U	LOE.			
2.	What is th	e minimu	m investr	nent that	will be a	ccepted f	from any	individu	al?				\$5,000	
													Yes	No
3.	Does the o	ffering pe	ermit join	t owners	hip of a s	ingle uni	it?						\boxtimes	
	Enter the indirectly, sales of se or dealer if more the set forth the	any come curities in registered an five (5	mission on the offer with the persons	or similar ring. If a SEC and to be lis	remuner person to or with ted are a	ration for to be liste a state of ssociated	solicitat d is an as r states, l	ion of pu ssociated ist the na	rchasers person o ame of th	in conne r agent c e broker	ection wit of a broke or dealer	h er :.		
Full	Name (La	st name f	irst, if in	dividual):	N/A						_		•	
Busi	ness or Re	sidence A	Address (1	Number a	and Stree	t, City, S	State, Zip	Code):	<u>.</u> ,					
Nam	e of Asso	iated Bro	ker or D	ealer:										
	es in Whic												All States	
[AL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	.	
Full	Name (La	st name f	irst, if in	dividual):										
Busi	ness or Re	sidence A	Address (1	Number a	nd Street	t, City, S	State, Zip	Code):						
Nam	e of Asso	ciated Bro	ker or D	ealer:										
	s in Whic												All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	· [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (La	st name f	irst, if in	dividual):				÷						
Busi	ness or Re	sidence A	Address (1	Number a	nd Street	i, City, S	tate, Zip	Code):						
Nam	e of Asso	iated Bro	ker or D	ealer:										
	s in Whic							,					All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
Type of Security Debt	Aggregate Offering Price \$0	Amount Already Sold \$0
Equity Series C Preferred Stock	\$1,999,998.88	\$1,999,998.88
☐ Common ☒ Preferred		
Convertible Securities (including warrants) Series C Warrants and underlying Series C Preferred Stock issuable upon exercise	\$1,999,998.88	\$1,999,998.88
Partnership Interests	\$0	\$0
Other (Specify)	\$0	\$0
Total	\$3,999,997.76	\$3,999,997.76
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
•		Aggregate

Number of

Investors

N/A

N/A

Dollar Amount

of Purchases

\$3,999,997.76

\$N/A

\$N/A

\$0

\$0

\$0

\$0

\$1,500

\$25,000

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securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Type of offering Type of Security Amount Sold Rule 505 N/A \$ N/A \$ N/A Regulation A N/A Rule 504..... N/A \$ N/A \$ N/A Total N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0

Accredited Investors

Non-accredited Investors

Printing and Engraving Costs....

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (Specify finder's fees separately)

Other Expenses (identify) Blue Sky

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all

Total (for filings under rule 504 only).....

Answer also in Appendix, Column 4, if filing under ULOE

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	b. Enter the difference between the Question 1 and total expenses furnist the "adjusted gross proceeds to the interpretation of the		\$3,973,497.76		
5.					
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and Fees			\$ <u>0</u>	\$ <u>0</u>
	Purchase of real estate			\$ <u>0</u>	\$ <u>0</u>
	Purchase, rental or leasing and	installation of machinery and equipmen	nt	\$ <u>0</u>	\$ 0
	Construction or leasing of plan	t buildings and facilities		\$ <u>0</u>	\$ 0
	offering that may be used in e pursuant to a merger	es (including the value of securities in xchange for the assets or securities of a	another issuer	\$ <u>0</u>	\$_0 \$_0 \$3,973,497.76
	Column Totals	ı totals added)		\$ <u>0</u> □ \$ <u>0</u> ⊠	\$ <u>0</u> \$3,973,497.76 \$3,973,497.76
		D. FEDERAL SIGNATURE			
the	e following signature constitutes an itten request of its staff, the information	to be signed by the undersigned duly at undertaking by the issuer to furnish to ion furnished by the issuer to any non-a	the U.S. Securities	and Exchange Co	ommission, upon
Iss	euer (Print or Type)	Date			
SafeWeb, Inc.		Toll	August	<u>//</u> , 2002	
Na	ame of Signer (Print or Type)	Title of Signer (Print or Type)			
Jo	n A. Chun	President and CEO			

\$26,500

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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	 	E. STATE SIGNATURE				
1.	Is any party described in 17 CFR 230 provisions of such rule?		Yes	No ⊠		
	See App	endix, Column 5, for state response.				
2.	. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law					
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.					
3.	entitled to the Uniform Limited Offer	the issuer is familiar with the conditions thing Exemption (ULOE) of the state in whi availability of this exemption has the burde	ch this notice is filed and			
	e issuer has read this notification and know its behalf by the undersigned duly author	ows the contents to be true and has duly causized person.	sed this notice to be signed			
Iss	uer (Print or Type)	Signature	Date	_		
Sai	feWeb, Inc.	Life	August //_, 2002			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Joi	n A. Chun	President and CEO				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX								
1_		2	3		4				5
	Intend to sell to non-accredited investors in State (Part B - Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of i	nvestor and amou (Part C - It	under Sta (if yes, explan waiver	lification ate ULOE , attach ation of granted) – Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccr edited Investor	Amount	Yes	No
AL									
AK									
AZ							· !		
AR							· · · · · · · · · · · · · · · · · · ·		
CA									
CO			PREFERRED STOCK						
CT		X	AND WARRANTS \$1,999,998.88	5	\$1,999,998.88	0	0		X
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MN									
MS				~					
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1					ENDIX	APP				<u></u>
Titled to sell to non-accredited investors in State (Part B - Hem 1) Type of investor and amount purchased in State (Part B - Hem 1) Part E - Hem 1)	;			**************************************	4		3	2		1_
State Yes No Number of Accredited Investors Amount of of the prosection of edited Investors Amount Yes NE Image: Control of the process of th	te ULOE attach ation of granted)	under Sta (if yes, explana waiver g	in State			and aggregate offering price offered in state	credited s in State	non-acc		
NY	No	Yes	Amount	of Nonaccr edited Investor	Amount	Accredited		No	Yes	
NH Image: Control of the c										
NM										NV
NM PREFERED STOCK AND WARRANTS \$1,999,998.88 4 \$1,999,998.88 0 0 NC Image: Control of the control of										NH
NY X PREFERED STOCK AND WARRANTS \$1,999,998.88 4 \$1,999,998.88 0 0 NC Image: No control of the con			-							NJ
X S1,999,998.88 4 S1,999,998.88 0 0										NM
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OR PA RI OR SC OR SD OR TN OR TX OR UT OR VT OR VA OR WA OR WY OR WI OR					181.					ОН
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